

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hawaii Island Recovery	CHAPTER 98
Address: 73-4697 Hina Lani Street, Kailua-Kona, Hawaii 96740	Inspection Date: October 9, 2020 – Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-10 <u>Minimum standards for licensure; administrative and organizational plan. (e)</u> Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:</p> <p><u>FINDINGS</u> Hawaii Island Recovery Policy and Procedure entitled: "Hawaii Island Recovery Medication Control and Diversion Control Plan" read, "HIR labels stored medications with the contents, expiration date, and any applicable warnings provided by the Pharmacy." Resident #1 – medication bin contained the following:</p> <ul style="list-style-type: none"> • One (1) lab cup containing loose, unlabeled pills identified by resident manager as "Flomax" • One (1) bottle of "Melatonin" – unlabeled, no resident name or physician order. • "Pseudoephedrine HCl" – unlabeled, no resident name or physician order. 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>1. The Managing Director (MD) met with the state representative during the facility site visit and discussed procedures for medication control including storage and labeling of medication as described in the Hawaii Island Recovery Policy and Procedure entitled: "Hawaii Island Recovery Medication Control and Diversion Control Plan". Audit found:</p> <ul style="list-style-type: none"> - one (1) lab cup containing loose, unlabeled pills identified by resident manager (RM) as "Flomax" - one (1) bottle of "Melatonin" - unlabeled, no resident name or physician order - "Pseudoephedrine HCl" - unlabeled, no resident name or physician order <p>2. MD met with Registered Nurse (RN) and Medical assistant (MA) and performed an audit of the medication control procedures including storage and labeling making sure that all medication including over the counter medication is clearly labeled with resident name and physician order</p>	<p>10.9.2020</p> <p>10.12.2020</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (11) Individual records shall be kept on each resident which contain the following:</p> <p>Height and weight, which shall be recorded, upon admission and thereafter, quarterly;</p> <p><u>FINDINGS</u> Resident #1: admitted 09-<u>21</u>-20, height and weight documented on 09-<u>22</u>-20.</p> <p>Resident #2: admitted on 10-<u>07</u>-20, height documented on 10-<u>08</u>-20.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u> Kitchen refrigerator thermometer read 50°F (43°F with digital thermometer).</p> <p>Small refrigerator (dining area) equipped with two (2) thermometers – one (1) thermometer read 55°F, one (1) thermometer read 50°F (digital thermometer read 45°F).</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>1. Office of Health Care Assurance representative met with Food Service Manager (FSM) during a facility site visit October 9, 2020 and found Kitchen refrigerator thermometer read 50°F (43°F with digital thermometer). Small refrigerator (dining area) equipped with two (2) thermometers - one (1) thermometer read 55°F, one (1) thermometer read 50°F (digital thermometer read 45°F).</p> <p>2. FSM immediately removed in-precise refrigerator thermometers from the kitchen refrigerator and the small refrigerator in the dining area.</p> <p>3. FSM purchased and installed new digital thermometers in the kitchen refrigerator and the small refrigerator in the dining area.</p>	<p>10.9.2020</p> <p>10.9.2020</p> <p>10.9.2020</p>

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Licensee's/Administrator's Signature: James M. Kayihura

Print Name: Jimmy Kayihura

Date: 12/7/2020